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P-2420 Eligibility Determination for MedicaidB. Monthly Income Standards (Continued)**2. Eligibility maximums for Medicare cost-sharing programs, effective 1/1/15**

Coverage Groups	Rule	% FPL	Household Size	
			1	2
Qualified Medicare Beneficiaries (QMB)	§ 8.07b1	100%	981	1,328
Specified Low-Income Medicare Beneficiaries (SLMB)	§ 8.07b2	120%	1,177	1,593
Qualified Individuals - 1 (QI-1)	§ 8.07b3	135%	1,325	1,793
Qualified Disabled and Working Individuals (QDWI)	§ 8.07b4	200%	1,962	2,655

**3. Ranges for premiums, effective 1/1/15** – Pregnant women no longer have a premium regardless of income.

Coverage Groups	Rule	% FPL	Household Size							
			1	2	3	4	5	6	7	8
<b>VPharm 1</b> - VD, VG, VJ, VM \$15/person/month	5550 5441	> 0 ≤ 150%	1,472	1,992	2,512	3,032	3,552	4,072	4,592	5,112
<b>VPharm 2</b> - VE, VH, VK, VN \$20/person/month	5650 5441	> 150 ≤ 175%	1,717	2,324	2,930	3,537	4,144	4,750	5,357	5,964
<b>VPharm 3</b> - VF, VI, VL, VO \$50/person/month	5650 5441	> 175 ≤ 225%	2,207	2,987	3,767	4,547	5,327	6,107	6,887	7,667
<b>Dr. Dynasaur children under 19</b> - C0, C4 No premium	§ 64.00	> 0 ≤ 195%	1,913	2,589	3,265	3,941	4,617	5,293	5,969	6,645
<b>Dr. Dynasaur children under 19</b> - C0, C4 \$15/family/month	§ 64.00	> 195 ≤ 237%	2,325	3,147	3,968	4,790	5,611	6,433	7,255	8,076
<b>Dr. Dynasaur children under 19</b> - C0, C4 \$20/family/month w. other insurance, \$60/family/month uninsured.	§ 64.00	> 237% ≤ 312%	3,061	4,142	5,224	6,305	7,387	8,469	9,550	10,632

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P-2420 Eligibility Determination for MedicaidB. Monthly Income Standards (Continued)

- 4. Advance Payments of Premium Credits (APTC § 12.00 and Cost-Sharing Reductions (CSR § 13.00)** CMS requires using the annual FPL in effect as of the first day of open enrollment for the benefit year. Use the annual 2014 FPLs listed below to determine APTC/CSR for benefit year 2015.

	Annual 2014 % FPL	Household Size							
		1	2	3	4	5	6	7	8
Federal APTC	100%	11,670	15,730	19,790	23,850	27,910	31,970	36,030	40,090
Federal CSR	250%	29,175	39,325	49,475	59,625	69,775	79,925	90,075	100,225
VT Premium Reduction and CSR	300%	35,010	47,190	59,370	71,550	83,730	95,910	108,090	120,270
Federal APTC	400%	46,680	62,920	79,160	95,400	111,640	127,880	144,120	160,360

**5 . SSI/AABD payment levels (2700)**

<u>Living Arrangement</u>		<u>Effective 1/1/15</u>	<u>Effective 1/1/14 – 12/31/14</u>
Independent Living	Individual	785.04	773.04
	Couple	1,198.88	1,180.88
Another's Household	Individual	527.97	519.97
	Couple	781.65	769.65
Residential Care Home w/ Assistive Community Care Level III	Individual	781.38	769.38
	Couple	1,196.77	1,178.77
Res. Care Home w/ Limited Nursing Care Level III	Individual	1,000.13	988.13
	Couple	1,703.69	1,685.69
Residential Care Home Level IV	Individual	956.94	944.94
	Couple	1,662.06	1,644.06
Custodial Care Family Home	Individual	831.69	819.69
	Couple	1,432.82	1,414.82
Long-term Care	Individual	47.66	47.66
	Couple	95.33	95.33

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P-2420    Eligibility Determination for MedicaidB. Monthly Income Standards (Continued)**6. Institutional income standard for long-term care (§ 29.14)**

<u>Effective 1/1/15</u>		<u>Effective 1/1/14 – 12/31/14</u>	
Individual	\$2,199.00	Individual	\$2,163.00
Couple	\$4,398.00	Couple	\$4,326.00

**7. Personal needs allowance for long-term care (§ 24.02(c))**

Individual	\$47.66
Couple	\$95.33

**8. Substantial Gainful Activity (SGA) income limit (§ 3.00)**

<u>Effective 1/1/15</u>		<u>Effective 1/1/14 – 12/31/14</u>	
Blind	\$1,820	Blind	\$1,800
Disabled	\$1,090	Disabled	\$1,070